

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/019250	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL IND.	2	2	2	2	2		
TOTAL DEP.	37	26	26	26	26		
TOTAL CLAIMS	39	28	28	28	28		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS